



**Navy Preventive Medicine  
Update for  
Armed Forces  
Epidemiological Board  
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# Topics

- Guantanamo Bay
- Preventive Health Assessment

# September 11





# Guantanamo Bay

- Small Naval Hospital serving ~3,000
- CO now the JTF 160 Surgeon
- Population up over 60%
  - effort required significantly more

# GTMO

- 6 bed detainee advanced care unit (DACU)
  - 6 nurses, 8 corpsmen, 2 MPs per detainee
- Echelon I facility at Camp X-Ray
  - sick call, EMS, 24 minimal care cots
- Team from NEPMU-2
  - PM doc, EHO, microbiologist, IHO
  - 4 technicians
- Joint Aid Station - 24/7 PA/HM coverage
- SPRINT

# Fleet Hospital 20

- Task-organized, subset of the full FH
- 20-36 ICU/acute care beds
- 2 operating tables
- 60 officers, 80 corpsmen, 17 Seabees
- SECURITY issues

# Medical Issues

- Detainee care will equal care of US troops
  - (but will be done at GTMO)
    - more difficult in shackles
    - long term/rehabilitative care
- Infectious disease/Prev Med issues
- Sovereign Cuba



# Medical Issues

- Medico-legal issues:
  - informed consent
  - required procedures
  - medical photography
  - mortuary affairs



Switching gears...

# Preventive Health Assessment

“To consolidate medical, occupational health and risk screening services, medical record review, preventive counseling, and risk communication under the umbrella of an annual assessment for all active duty men and women.”

# PHA (cont.)

- 5 December 2001
- signed by Navy SG and ACMC
- based primarily on USPSTF recommendations

# PHA Specifics

- BP
- weight
- occult blood
- lipids (ages 35, 45)
- CV risk factors
- immunizations
- PAP and chlamydia
  - annual for high risk
- SBE
- mammography
  - q 1-2 yrs at 40, 1 yr at 50
- TSE

# PHA Impact

Significant contribution to the health of active duty men and women in Navy and Marine Corps.

Questions?